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To: USPTO - Commissioner for Patents **From:** Kevin Alan Wolff
Fax: 571-273-8300 **Pages:** 4 (includes cover)
Phone: 571-272-1000 **Date:** 3/14/2008
Re: Executed Power of Attorney for Patent No. **CC:**
6,842,737 for Serial No. **09/619,245**

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• Comments:

Please find enclosed the following documents for Patent No. **6,842,737** with Serial No. **09/619,245**:

- (1) Filing Record
- (2) Transmittal Form
- (3) Power of Attorney

Thank you for your attention to this matter.

Kevin Wolff

WOLFF LAW OFFICES, PLLC - FILING RECORD

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Attorney Docket No.: IJT -PAUS0001
Today's Date: March 14, 2008
Attorney: Kevin A. Wolff
Fee Transmitted Herewith: \$0.00
Serial No.: 09/619,245
Filing Date: July, 19 2000
Title: Travel Information Method and Associated System
Inventors: Paul W. Stiles

VIA FACSIMILE

THE TRANSMISSION HEREOF ACKNOWLEDGES RECEIPT OF:

DOCUMENTS BEING FILED:

- (1) Transmittal Form
- (2) Power of Attorney

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

Application Number	09/619,245	U.S. Patent No: 6,842,737
Filing Date	July 19, 2000	
First Named Inventor	Paul W. Stiles	
Art Unit	3629	
Examiner Name	Thomas A. Dixon	

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Filing Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wolff Law Offices, PLLC, P.O. Box 9855, Chapel Hill, NC 27515-9855		
Signature	/Kevin Alan Wolff/ 		
Printed name	Kevin Alan Wolff		
Date	03/14/2008	Reg. No.	42,233

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/Kevin Alan Wolff/ 
Typed or printed name	Kevin Alan Wolff
Date	03/14/2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAR 14 2008 IJT-PAUS0001

Patent

POWER OF ATTORNEY
By Assignee

IJET International, Inc., assignee(s) of the application for United States Letters Patent for an improvement in

TRAVEL INFORMATION METHOD AND ASSOCIATED SYSTEM
by Paul W. Stiles

the specification of which:

is filed herewith, OR
 was filed on July 19, 2000, having U.S. Patent Application Serial No. 09/619,245.

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by:

Kevin Alan Wolff, Reg. # 42,233
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Please send all inquiries to Kevin A. Wolff, Esq., at the above address and phone numbers.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

is filed for recordation herewith; or
 was recorded at Reel 015717, Frame 0405; or
 has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee:	IJET International, Inc.
Post Office Address:	910F Bestgate Road Annapolis, MD 21401
Signature of Declarant or Assignee:	Date:
	
Full Name of Declarant	
If Other Than Assignee:	Kelly Davis-Stoudt
Title of Declarant:	CFO
Address of Declarant:	910F Bestgate Road Annapolis, MD 21401